
SCHOOL DISTRICT
WITHDRAWAL CONSENT FORM

I, _____, give my full permission for my son/daughter,
(Name of parent/guardian, please print)

_____, to withdraw from _____ to
(Name of student, please print) (Name of School, please print)

work at _____, phone ____ - ____ - _____, full time in lieu of
(Name of Workplace, please print)

attending school.

I am aware that my child can be exempted from the BECCA Bill only if **1)** he/she is 16 years of age or older, **2)** he/she is regularly employed, **3)** his/her parents agree they should not have to be required to attend school. RCW 28A.225.010. I am fully aware that when the above condition cease he/she is subject to the compulsory attendance laws and the school district may file a Truancy Petition with the Juvenile Courts. I agree that should my child cease to work full time while still under 18 years of age, and is not attending school, I will contact the school immediately.

Date _____

Counselor Signature

Student Signature

Parent Signature

*All signatures must be present to validate.